

Plumbing Permit Application

City of Menomonie

Date: _____

Contractor: _____

Address: _____

Telephone: _____ Fax #: _____

E-mail Address: _____

Master Plumber WI Credential ID # _____

Estimated Cost of Project: \$ _____

Property Owner: _____

Property Address: _____

Type of Work: _____

MAIL CHECK AND APPLICATION TO:

CITY INSPECTION DEPARTMENT
800 WILSON AVENUE
MENOMONIE WI 54751-2795

Contact : www.menomonie-wi.gov Telephone: 715-232-2241

Fax Number: 715-235-0888